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CONFIRMATION NO. 4155

<b>SERIAL NUMBER</b> 10/803,177	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> CHR-004
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/455,632 03/17/2003 *NAB*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE NAB*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/31/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>NAB</i> Initials			

**ADDRESS**  
51414

**TITLE**  
Methods and compositions for the detection of microbial contaminants

<b>FILING FEE RECEIVED</b> 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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